

American Baptist Churches of Nebraska  
**2018 Annual Convention**  
 The Annual Meeting of the Nebraska Baptist State Convention  
 April 27-28, 2018  
 Second Baptist Church, Lincoln, NE

**ADULT**



**Community: Better Together**



Like living stones, we are being built into a spiritual house...1 Peter 2:5

**EACH PERSON FILLS OUT A SEPARATE REGISTRATION**

DEADLINE FOR THIS REGISTRATION FOR THE CONVENTION IS April 24, 2018  
 MAIL OR FAX This Completed Registration to:  
 ABC/NE, 11244 Blondo St., Omaha, NE 68164  
 FAX: 402-556-1910

Lodging arrangements have been made for \$83/night at:  
 Comfort Suites East: 331 North Cotner St., 520-979-3119  
 Mention you are with "Second Baptist Church" to receive the discounted rate.

**Lodging can be found in a variety of local hotel and motels between \$70-\$130 a night.**  
 Below are the geographically closest hotels to Second Baptist Church.  
 Shop around the Lincoln area for best rates.  
 New Victoria Suites: 225 N 50th St., 402-464-4400  
 Staybridge Suites: 1501 N 86th St., 402-484-6000

Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ Church: \_\_\_\_\_

City/Zip \_\_\_\_\_ Delegate: \_\_\_\_\_ Visitor: \_\_\_\_\_

EVENT	DAY	TIME	COST	Total
Convention Banquet (Second Baptist)	Friday	6:00pm	16.00	_____
Kids Meal			5.00	_____
Saturday Lunch (Second Baptist)	Saturday	12:00pm	12.50	_____
Kids Meal			4.00	_____
CONVENTION REGISTRATION FEE	\$20.00 Per Person			_____
Donation to Child Care				_____

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

**Make checks payable to ABC/NE**

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**CHILD CARE REGISTRATION**



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- \_\_\_\_\_ Infants (through 2 years) Nursery Care
- \_\_\_\_\_ Pre-school (3-5 years)
- \_\_\_\_\_ Elementary (Kindergarten–5th grade)

**DEADLINE FOR REGISTRATIONS IS**  
**April 24, 2018**

Mail or FAX Completed Registrations  
to:

ABC of NE,  
11244 Blondo St.,  
Omaha, NE 68164

FAX 402-556-1910

Each child must have a separate registration.

\*There is no charge for the nursery.

\*There is a \$10 activities fee for the Pre-school and Elementary programs— payable at the convention.

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Other Information \_\_\_\_\_

Permission is granted to seek Emergency Medical Care until I/we can be reached:

\_\_\_\_\_  
Parent/Guardian Signature